



# DIABETES: CANADA AT THE TIPPING POINT

## *Charting a new path*

### REPORT HIGHLIGHTS

Canada is at the tipping point concerning diabetes. While our report entitled *Diabetes: Canada at the Tipping Point – Charting a New Path* indicates that some progress has been made by governments to address diabetes over the past five years, it is dwarfed by the growing burden of this disease across Canada. To avoid falling further behind, we must take immediate action to chart a new path to respond to diabetes in Canada.

### At the Tipping Point

- Diabetes prevalence is growing at epidemic levels across Canada. Currently, one in four Canadians have diabetes or prediabetes. If trends continue, this will rise to one in three by 2020.
- Canada has a growing and aging population, and over 60% of Canadians are overweight or obese. These factors, combined with an increase in sedentary lifestyles, continue to drive growing diabetes prevalence.
- Aboriginal peoples, immigrants, some ethno-cultural communities, and low-income Canadians carry a heavier diabetes burden. While more men than women have diabetes, diabetes prevalence is greater in women in high-risk and marginalized populations.
- Diabetes cost Canada \$11.7 billion in 2010, and is projected to rise to \$16 billion by 2020, threatening the sustainability of our healthcare system, and our future prosperity.
- Complications from diabetes account for 80% of diabetes costs. Complications could be prevented or delayed through a more comprehensive secondary prevention strategy.
- When compared to peer countries, Canada performs poorly regarding diabetes prevalence, mortality and avoidable hospitalizations.
- For people with diabetes, where you live in Canada still impacts your ability to manage your disease. Affordability and access to diabetes medications, devices, supplies, and health care professionals vary across jurisdictions and the public programs and services available.
- Diabetes education, which is critical for effective self-management, is not uniform across jurisdictions, much less across the country.
- Best practices for diabetes services, care and education exist across Canada, but accessible information about these supports is lacking.

## Progress Made Since 2005

- Many jurisdictions have made enhancements to diabetes programs, care, education and other supports. For example, several jurisdictions have:
  - » Enhanced their provision of primary care for people living with diabetes through family practice incentive programs, changes in billing codes for physicians providing care for diabetes, and use of multidisciplinary teams.
  - » Stated goals or objectives for managed diabetes-related complications.
  - » Diabetes education programs targeted at Aboriginal populations.
  - » Made investments in research to develop tools, services and programs to help people with diabetes effectively self-manage their disease.
  - » Participated in the National Diabetes Surveillance System.
- In terms of access to medications, devices and supplies:
  - » Several jurisdictions have enhanced access to test strips and insulin pumps.
  - » Although out-of-pocket costs for type 2 diabetes have remained virtually unchanged since 2005, they have declined for type 1 diabetes.
- Support for the Aboriginal Diabetes Initiative was extended in the 2010 Federal Budget.

## Reasons for Hope

- Unlike many other chronic diseases, diabetes can be managed effectively, allowing people with diabetes to live long and healthy lives.
- Diabetes prevalence can be mitigated through prevention: it is estimated that over 50% of type 2 diabetes could be prevented or delayed with healthier eating and increased physical activity.
- By helping people living with diabetes to best manage their disease, we can reduce diabetes-related complications (e.g. heart attacks) and mortality by nearly 60%.
- The financial burden of diabetes can be lessened: even a modest reduction in diabetes prevalence would have a significant financial impact. A 2% reduction in prevalence rates would have a 9% reduction in direct healthcare costs.

## OUR RECOMMENDATION<sup>1</sup>

Canada is at the tipping point in our response to diabetes. To tip the course of diabetes in Canada, we need to chart a new path that focuses on:

1. Reducing the burden of diabetes in Canada.
2. Enhancing access to quality care and support for those living with the disease.
3. Strategic government investment in diabetes management and research.